FAQs ABOUT ANASAZI MIS

Hardware/Software

Q: Will all sites have computers? What is the status on the County providing contractors with the necessary hardware?

A: The County has identified limited funding to help ensure that all programs will have the hardware they need. Programs have been surveyed to determine their needs, and contracts are being amended so they can purchase the necessary equipment.

Q: Will laptops have wireless systems?

A: Laptops used in the field should have wireless internet connectivity.

Q: When does the hardware need to be in place?

A: The hardware for Phase I needs to be in place by Sept. 1, 2008. However, the hardware for both Phase I and Phase II must be purchased by June 30, 2008.

Q: Even the very best systems can go down or be off-line. What procedure is in place for access to essential patient records in that event?

A: The County works closely with its vendor, Northrop Grumman to ensure the reliability of the County network, and Anasazi software has a proven record of reliability. Procedures will be developed so programs have a backup method for gathering information. Programs will need access to paper forms.

Transition

Q: When Phase I is implemented, will Anasazi be fully populated? *Will Anasazi be fully functional*? Will there be a need to refer back to InSyst for administrative purposes?

A: A limited set of information for current clients will be converted from InSyst to Anasazi at cutover and all new clients and services will be entered into Anasazi. Arrangements are being made to provide limited access to InSyst for a period of time to complete data entry for services delivered prior to the cutover to Anasazi MIS and for the looking up and reporting of historical information.

Transition (continued)

Q: What salary will be paid for the people selected (Trainers and Cutover Team) and how will that money be submitted to the contractors?

A: It is expected that contractor staff who serve as Cutover Team members and Trainers will receive their regular salaries. The County will amend contracts to reimburse contractors for costs associated with overtime or backfilling with temporary staff to cover the normal duties of staff acting as trainers and as members of the Cutover Team.

Q: Does "Electronic Health Record" (EHR) mean there will be no hard copy chart at all?

A: Indeed it does, though the goal of having an EHR probably can't be realized until at least 2012. There will be a period of having a hybrid record of an electronic and paper chart. The paper chart will be needed to hold documents such as health records from private hospitals, IEP meeting notes, letters received, or anything requiring a client signature. Scanning documents into the EHR may be how this is dealt with in the future, along with clients being able to do electronic signatures.

Q: How can programs continue to function when both of their Administrative Assistants (AA)s are in deployment training for 2 consecutive business days?

A: You are ahead by considering this in advance. This is one of the process issues programs will need to problem-solve. Some programs will have AAs attend separate trainings; others may be able to share AAs across programs.

Q: How can staff learn whether a patient is admitted, discharged, etc. during the time between data extraction from InSyst and data upload to Anasazi when neither system will be available? How will openings/closings be entered during that time? Will programs be able to bill as of the first day InSyst is off and Anasazi isn't yet available?

A: Openings and closings for the first 2 weeks of the cutover time will be recorded on paper forms and data entered centrally by the Cutover Team. Additional details regarding processes during this time period will be provided in the near future.

Transition (continued)

Q: How long will programs be maintaining access to InSyst?

A: The Core Project Team is currently reviewing program requirements and will be formulating a plan for access to InSyst after cutover.

Q: We have some support staff who do not work between 9:00 am and 5:00 pm. Will the Interim Assistance desk be available outside of regular business hours? We request that the Interim Assistance desk be available from 8:00 am to 8:00 pm to accommodate 24/7 programs.

A: There have been many requests to have the Assistance Desk open beyond 8 am - 5 pm workday. While this is under consideration, we encourage you to also identify those among your staff who will have the training to answer questions outside of the 8 am – 5 pm workday.

Training

Q: When will training of clinicians occur?

A: Clinicians will attend a 4 hour Staff Seminar in the month before implementation of Phase I. They will receive training in using paper forms, which look similar to the Anasazi screens. The timing of the training of clinicians to use the computer for the electronic health record in Phase II is in the planning stage.

Q: How do we sign up for the trainings?

A: You will register online about a month before trainings. Notice of the registration opening will be sent to your program manager and also posted on the MH MIS website.

Q: If I will miss Staff Seminar training due to maternity leave, can I make up the training?

A: Yes. The County will be providing on-going Anasazi trainings for new employees and employees who are unable to attend the scheduled trainings. Details to follow.

Training (continued)

Q: Can we send more than 2 individuals per program to the Draft Service & Service Entry trainings?

A: Training space is limited to 1-2 individuals per program. It may be possible to accommodate additional staff in the on-going trainings referenced above.

Functionality

Q: Will it be possible to make corrections to billing &/or clinical documentation after information is entered?

A: Yes, there will be ways to make corrections.

Q: Will we be able to run end of year reports from Anasazi or will we still need to use InSyst?

A: You will need to use InSyst for year end reports from July, 2008 to the cutover to Anasazi, and use Anasazi for year end reports from cutover through June 2009. You will need to combine this data to calculate the number of services you provided YTD.

Communications

Q: How will the Electronic Health Record (EHR) affect delivery of client care? How will cultural differences be taken into account?

A: Some changes may include: better coordination of care because there will be a single client plan; clients may have faster access to services; and providers' access to the EHR when in the field enables them to have up-to-date information available. The clinical forms used in the EHR will be based on the current paper forms and will address cultural issues.

Q: Will there be some type of forum to introduce and inform clients about the new MIS system and let them know that their information will now have the potential to be shared among programs as an EHR? Does this information need to be part of some type of document (perhaps the Consent for Treatment Form) to document that clients were informed of this change?

A: The County is developing a communication plan to help disseminate information about the new MIS to clients and family members. In addition, there will be consumer representation on the communications team.

Security

Q: Who will have access to the client's Electronic Health Record (EHR)?

A: An EHR is actually more secure than a paper record. Everyone who has access to a paper record has access to Protected Health Information (PHI). With an EHR, access is given on a "need to know" basis, and will be controlled by program assignment, credential, and job description.

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Q: Some clients might be undocumented and fearful of information being sent to Immigration and Naturalization Service (INS). Does INS have access to records?

A: All existing laws and regulations regarding confidentiality apply to Electronic Health Records.